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ABSTRACT

The seminar on the prevention of drug problems in West Africa reported in this document was part of a multidisciplinary program on this theme implemented by Unesco in Ghana and Senegal since 1986, with the financial support of the United Nations Fund for Drug Abuse Control. As part of the program, an epidemiological survey was conducted among the 15 to 24 year-old group in the two countries. The survey identified the substances used, the mechanisms of consumption, and factors likely to encourage the use of drugs. Based on the results of the surveys and the problems encountered, the seminar undertook to review the multidisciplinary project as a whole, in order to see what results had been obtained, compare experiences, and examine the possibility of further action in the future, including the extent to which the project might be extended to other West African nations. This document first presents a summary of the seminar discussions, focussing on the following issues: problems in carrying out the surveys, general principles concerning drug abuse problems, the merits of drug prevention experiments in schools in Ghana and Senegal, preventive action out of schools, linking epidemiological research with preventive action, and possible ways to extend the interdisciplinary program. Next, a variety of proposals are offered by participants for further research, intersectoral cooperation, education in and out of school, prevention, coordination of activities, extending activities to other countries, and information exchange. A list of participants is included. (TE)

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Division of Educational Sciences, Contents and Methods of Education

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UNITED NATIONS EDUCATIONAL,
SCIENTIFIC AND CULTURAL ORGANIZATION

SEMINAR ON THE PREVENTION OF PROBLEMS ASSOCIATED WITH THE USE OF DRUGS IN WEST AFRICA

Dakar, Senegal, 12-17 December 1988

FINAL REPORT

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I. INTRODUCTION

1. The Seminar on the prevention of problems associated with the use of drugs in West Africa (Dakar, 12-17 December 1988) was organized as part of the multidisciplinary programme on this theme implemented by Unesco in Ghana and Senegal since 1986, with the financial support of the United Nations Fund for Drug Abuse Control (UNFDAC).

2. As part of the programme, an epidemiological survey was conducted among the 15 to 24 year-old population group in the two countries. In Senegal, an additional school and out-of-school preventive education programme was also carried out in the town of Pikine. This was similarly funded by UNFDAC. In Ghana, a preventive education programme for secondary and teacher-training schools has been applied since 1983, thanks to the Ministry of Education, involving 42 schools in all regions of the country.

3. Once the epidemiological surveys had been successfully carried out, it was considered advisable to review the multidisciplinary project as a whole, in order to see what results had been obtained, enable experiences to be compared and examine the possibility of further action in the future, including the extent to which the project might be extended to other West African nations. These were the questions the seminar would need to address.

4. As one of the project's long-term objectives was the extension of preventive education to other countries in the area with the assistance of UNFDAC, it had been decided to invite representatives from Benin to take part. This country was implementing an out-of-school prevention programme based on community action, receiving technical aid from Unesco and financial support from UNFDAC.

II. SUMMARY OF THE DISCUSSIONS

5. The two countries taking part in the multidisciplinary programme presented the results of the epidemiological surveys. Their main objective was to identify:

the substances used;

the mechanisms of consumption; and

factors likely to encourage the use of drugs.

6. The surveys revealed the extent to which licit and illicit drugs were used by those in the 13 to 25 age-group.

7. Both surveys covered most of their respective countries (8 out of 10 regions for Senegal, 7 out of 11 for Ghana). They revealed differences according to the educational status of the school-going population and of the group not in school attendance, and according to:

sex;

age; and

regional origin.

8. The above data can be found in the provisional reports drawn up by the national teams responsible for carrying out the surveys in the two countries. A document in which details of the two surveys were set out alongside one another (UNESCO/ED/DRAO/3) revealed marked similarities in both the questions that were posed and the analysis of the results. Each of the two countries explained the methodology that had been used for the survey and this was then commented on. The following problems were then discussed:

9. The lack of time in which to carry out the survey effectively.

The inadequate funding which meant that the surveys had to be abandoned in certain regions.

Difficulties brought about by delays in payments which had an adverse effect on the conduct of the surveys and on the processing of the data.

Problems concerning the choice of a representative cross-section, and the selection, training and remuneration of those responsible for carrying out the surveys (should the latter, for example, be recruited locally or not?).

Problems resulting from the complexity and length of the questionnaires, particularly where out-of-school groups were concerned.

Problems raised by the non-availability of certain reference data (for example, the date at which the national census was carried out) and uncertainty as to the reliability of certain data (for example, the percentage of women in the population).

The difficulty of carrying out the survey among the out-of-school population, which meant that this group was inadequately represented.

Difficulty in getting certain sectors to co-operate in the survey: the heads of a number of educational establishments, for example, were reluctant to take part, despite official support for the survey.

A small working group went through the questionnaires and made a number of suggestions which are to be found among the proposals adopted at the close of the seminar.

10. Examination was first of all made of the general principles concerning problems associated with the use of drugs in and out of school, as adopted at meetings held by Unesco in Africa. By and large, participants approved these principles although a number of amendments were made to them at a later meeting in the light of the changing situation in Africa in regard to prevention.

11. Accounts were given of drug-prevention experiments in schools in Ghana and Senegal and their merits discussed.

12. In Senegal, the experiment involved a limited number of primary and secondary-school classes in Pikine and was implemented under the auspices of the National Inter-Ministerial Committee. Preventive education had been introduced into three disciplines (natural sciences, French and civics), staff having attended a preliminary training seminar at which instructions concerning the preparation of teaching materials had been given. The carrying out of the experiment had been hampered for a year due to the social and political situation, which had also made assessment difficult.

13. In Ghana, the experiment begun in 1983 involved 42 schools selected on a nationwide basis (three schools from each region: one teacher-training establishment and two secondary schools). In addition to the inclusion of preventive education in the school curriculum, numerous establishments had also organized out-of-school activities for pupils concerning problems associated with the use of drugs. After several years' experience an assessment was called for with a view to the possible application of the programme throughout the entire educational system. The materials used were based largely on documents produced during workshops and courses held by Unesco between 1980 and 1983. Several training seminars for teachers were held in a number of regions.

14. Numerous difficulties were encountered in carrying out the projects, both in Ghana and in Senegal. Financial problems meant that activities could not be supervised in regions other than southern Ghana, for instance, and also hampered the production and purchase of teaching materials and the organization of much-needed refresher courses. The lack of funds also made it impossible to keep up the motivation of certain teachers taking part in the experiments.

15. Certain difficulties had been brought about by teachers moving to new schools or taking up work in a different professional sector. As in the case of the surveys, there was at times reluctance on the part of some heads of establishments to undertake a preventive education programme or even to allow the teachers who had received training to disseminate the information they had been given.

16. Those taking part in the preventive education project also regretted the lack of teaching materials and of information in general. What little there was was often of poor quality, difficult to obtain in sufficient quantities, and tended to disappear quickly.

17. Among the long-term solutions put forward was that of introducing preventive education in the curriculum of teacher-training schools. In order to motivate teachers, a system of recognition might be instituted (diplomas, etc.) or alternatively one of financial incentives. It might also be a good idea to involve the teachers in community action so as to encourage and increase their participation in preventive education.

Preventive action out of school

18. In Ghana, no out-of-school preventive programme had so far been set up although action in this field was being contemplated as a necessary complement to activities already undertaken in the school sector. A multidisciplinary action group had been set up with a view to combating drug abuse. Governmental and non-governmental organizations were currently engaged in heightening public awareness of the issues through the media, in organizing seminars concerned with preventive action against alcoholism, and in establishing youth centres. A concerted approach should include scientific research covering the population as a whole, the training of education workers for preventive education, and the creation of an official body responsible for co-ordinating all the different activities undertaken by the various organizations dealing with the problem of drug abuse.

19. In Benin, a community prevention programme had been set up in the district of Cotonou. Certain localities were playing an experimental role while others served as control groups. A study of the milieu was made as early as 1983 and revealed (apart from the drugs problem itself) urgent needs in the

domain of public health and hygiene which needed to be met prior to the establishment of any preventive education programme in respect of drugs. Two independent welfare centres were therefore set up which, as a result of the way they are funded and run, have been able to establish firms links between the local population and the health and social services officials elected by district committees. This made it possible for the officials subsequently to undertake activities to combat drug abuse. They based their activities on proposals made by a consultative committee which included apart from the project team, representatives of the various bodies providing technical or financial support.

The programme was aimed both at individuals and at the community as a whole; its activities concerned the provision of information, the addressing of emotional problems and participation in decision-making.

20. In Senegal, a pilot out-of-school programme was set up in Pikine in December 1986, backed up by socio-educational action teams provided by three Ministries: Justice, Social Development and Youth and Sport. The personnel were given training and shown how to prepare teaching materials. They have had contact with a number of associations by means of informal talks, group activities, film sessions and debates. Their activities have been closely linked with the prevention programme among schools in Pikine. Their supervisors, moreover, are those who took part in the epidemiological survey.

21. The difficulties encountered by the two out-of-school programmes have varied according to the different approaches adopted in Senegal and Benin.

22. In Benin, the main difficulty was that of devising an entirely new programme, creating an original model and making provision for the kind of training this would entail. In Senegal, stress was laid above all on financial difficulties (total outlay and time taken for payment) and problems brought about by lack of stability among personnel.

23. Attention was drawn to difficulties involved in producing audio-visual educational material, in gaining access to the major information media and to various related financial and technical difficulties (for example, the question of the compatibility of video systems).

24. The participants described how they had overcome, or planned to overcome, these difficulties. Lack of stability among personnel might be remedied, for example, by requesting direct aid from the public authorities and by increasing loyalty to the programme by means of contracts or a system of compensation and rewards (free medical care; for instance). It was also suggested that commitments be made binding; for example, among those seconded to prevention projects on a long-term basis or those benefiting from special training or study grants. The experience of the WHO suggested that greater personnel stability could be achieved by reinforcing the various structures associated with the project.

25. Financial difficulties might be coped with by appealing for local volunteers and by developing self-financing schemes. These might take the form, for example, of co-operatives set up with the aid of those taking part in the prevention programme, thereby reducing project expenses while involving young people in community action.

26. The inclusion of research in the preventive education projects should help generate new solutions in the relatively underdeveloped field of out-of-school preventive action, as well as in that of training.

27. Access to the various media might be facilitated by requesting official support with a view to securing a regular television slot, for example. Advantage could also be taken of the public authorities' involvement in various preventive education projects by planning a series of quality television broadcasts that could then be offered to the media.

28. Consideration was also given to the possibility of making use of visual and audio-visual aids such as posters, music and songs, drawing on local customs and traditions. For instance, centres for music and dance could be opened, while the ban on alcohol and tobacco would be maintained.

Linking epidemiological research with preventive action

29. Though epidemiological research was unanimously viewed by participants as providing food for thought where prevention strategy was concerned, there was disagreement as to how the data currently available ought to be used. Some participants felt that the trends that had been observed thus far should be put to immediate use in modifying and enriching the preventive education programmes, although this would not, of course, prevent more detailed examination of the data being carried out in the meantime. Others feared that over-hasty and perhaps erroneous conclusions might lead to the adoption of action-oriented goals which might produce results quite different from those actually desired.

30. On a more practical level, it was suggested that the findings of the survey be sent to certain groups, so that they might take the data into account in their preventive action. The final results of the surveys should be sent to all decision-makers.

Lines of research designed to provide a more solid basis for preventive action and to increase its efficacity

31. Interpretation of the data obtained from the epidemiological studies carried out so far should lead to a greater knowledge of the substances being used, the relative importance of socio-economic, cultural, familial, environmental and personal factors and possible links between drug-taking and deviant behaviour. It should also be of help in highlighting individual factors such as will strengthen resistance to the offer of drugs and to the process of addiction. A wish was expressed for research to be carried out concerning the out-of-school environment as well as the family and values. Finally, studies of the milieu were advocated as the essential support for any effective practical activity.

Possible ways in which the interdisciplinary programme might be extended and incorporated into the different sectors

32. Various interpretations of the idea of programme extension were discussed and it was generally agreed that this should cover both the prolongation of projects and the opening up of new areas of action and the inclusion of new target groups. It was also considered that the programme should be extended to other countries.

33. Various participants pointed out that national consultative bodies were being planned with responsibility for making proposals for action to the public authorities. All bodies involved in the prevention of drug abuse, treatment and law enforcement activities should be associated with this work, as should non-government organizations.

34. It was also suggested that advantage be taken of existing programmes, such as the family education programme currently being carried out in schools, with a view to including in them preventive education with regard to drug abuse. Finally, it was considered that an evaluation of activities undertaken so far was essential before embarking on the extension of the projects.

III. PROPOSALS PUT FORWARD BY THE PARTICIPANTS

A. Objectives

35. The participants adopted the following objectives as a basis for preventive education.

36. The main objective should be to prevent problems associated with the use of drugs by such education as would make individuals aware not only of the dangers of drugs but also of the benefits of a drug-free existence.

37. Education concerning factors associated with the use of drugs should address the reasons that led people to this practice, i.e. equipping them to face and solve, without resorting to drugs, the problems posed by transformations in social structures, the disappearance of the extended family, the migration of young people to cities and the absence or inadequacy of leisure activities. Where the traditional social context had disappeared, for instance in the drift to urban areas, measures should be taken to provide alternative social protection and support to complement the educational programme.

Education and information

38. There was a need to make a distinction between the terms 'information' and 'education' when used in connection with drug dependence. Information should be understood as the mere transmission of data on drugs. Education meant a process of internal personal development stimulated by the socio-cultural environment.

39. Nevertheless, information played an important part in this field provided that it was appropriate, objective and adequate; that it took into account religious, cultural and socio-economic characteristics, among others; and provided it distinguished between users whose motivations were linked by tradition to their cultural environment (for example, the use of alcohol) and those who did not have such motivations and used drugs for their effects alone.

40. A drug information programme should be limited to products used in a given zone. The practical objective to be attained would therefore be to ensure that the target groups had simple, objective and up-to-date information on addictive substances and on their long and short-term effects on the human body, and understood the causes underlying excessive consumption of such products.

41. Educators should bear in mind that their role was not so much to supply information on drugs as to get through to the individual and his or her problems in a process of genuine communication. Hence the need to use codes which were intelligible to the target groups and which were adapted to their cultural setting, and to avoid the indiscriminate copying of communication messages emanating from other countries and cultures.

Research

42. It was suggested that priority be given to the preparation of studies by institutions and groups, etc., so as to discover the trends in the use of drugs and, on the basis of the results, to select a strategy and plan its execution. The research should be carried out by multidisciplinary teams so that the many variables involved could be studied.

Intersectoral co-operation

43. Educational action was vital in prevention but should not be conducted in isolation from other aspects such as treatment, law enforcement, rehabilitation and public information.

School education

44. School education consisted basically of a communication process in which teachers and students were at the same time transmitters and receivers of messages.

45. In a drug education programme, information should be of a very general nature, priority being given to forming the personality of young people, which meant equipping them to face and solve their problems without resorting to drugs. A fundamental objective, therefore, would be to prepare students to acquire basic knowledge, skills and habits, internalize values and adopt attitudes contributing to the preservation of health at the personal and the social level.

46. The specific objectives could be described as the acquisition of 'living skills':

> at the primary level: to acquire good social habits; to feel responsible for one's own and other people's health, etc.;
>
> at the secondary level: to be able to resist the temptation to try to solve one's problems through the use of drugs; to build up a sense of judgement; to learn how to organize one's work and leisure time; to feel motivated to do something requiring all one's energy; to be able to communicate with others.

47. To achieve these objectives, the acquisition of 'knowledge' and 'know-how' would be necessary. This would not require a special subject; on the contrary it would be integrated in the curriculum, especially with regard to the language of instruction, health education and hygiene, citizenship education, the social sciences, the natural sciences, physical education, etc.

48. Schools were fortunate in having the necessary teachers and a set curriculum in which education concerning problems associated with the use of drugs might be integrated.

49. It was desirable for the common denominator to be an active, experimental methodology, consisting of surveys, interviews, group dynamics, projects and role playing; in other words, strategies directed towards action which made the student an active participant in the learning process and the teacher an educational catalyst.

50. Teachers should receive instruction not only at the technical level of toxicology but should also be given basic knowledge of psychology, sociology, anthropology and law, as related to the problem of drug dependence.

Out-of-school education

51. Due account should be taken of the fact that a large number of people remained outside the reach of the school system and needed particular methods of approach.

52. In the case of out-of-school preventive education, the objectives were the same as those for school education. Due account should be taken, however, of adult experience and of the attitudes (positive or negative) already acquired.

53. It was necessary to give due importance to African values and encourage young people and adults to contribute to national development with all their energy, which precluded the damaging use of alcohol and other drugs.

54. The educator's task as far as the use of alcohol and tobacco was concerned was made all the more difficult on account of the publicity they received, their relatively low price and the large quantities imported. It would be desirable, therefore, for measures to be taken by the competent authorities thereby giving support to preventive education and to objective information on the dangers of the abuse of such substances.

55. One of the problems in out-of-school education was the shortage of personnel. The educational programmes, however, would be more easily adapted to each situation, were more flexible and were designed to answer specific needs. No blanket programme of education on the problems associated with the use of drugs should be set up since such programmes had to be adjusted to the various age levels, local circumstances and the degree of existing information about drugs.

56. Methods should also be very varied and make the greatest possible use of audio-visual aids, group discussions and active participation.

57. It was not desirable to consider young people as a global entity and differentiation should be made in educational methods and in regard to target groups.

58. In fact, there were several groups with different characteristics:

adults; young people with a school education (youth movements); young people who had not attended school and who were often illiterate and unemployed (the latter group being especially vulnerable).

59. Young people should be involved in the drawing up of education programmes and in activities designed for their peers since they often enjoyed their confidence to a greater extent than adults.

60. For those in professional circles (professors, doctors, pharmacists, social workers, judges, etc.), their action with regard to the problems of drug dependence would require the possession of accurate, up-to-date information and should involve them in team work; this implied prior agreement on the objectives and on the coherent way in which they should be pursued.

Methodology

61. It was of primary importance to provide guidance on the use of the educational materials (media). The teacher or adult educator would thus be equipped with the necessary know-how for putting the message across.

62. In school and out of school, the method of conveying knowledge was manifold: lectures, discussion groups, mass media (television, radio, the press), social centres, youth clubs, local-level or national symposia, assessment of classified advertisements and exhibitions, etc.

B. Proposals

63. Participants also made the following proposals with regard to research, the linking of research and prevention, the launching and operation of prevention programmes, general co-ordination, the extension of activities to other countries and the mechanisms of exchange and co-operation.

Research

64. The participants proposed that a questionnaire be drawn up for those African countries that wished to carry out epidemiological research with a view to preventive action. The questionnaire should consist of a general section applicable to all countries and a second section for each individual country, though drawn up along common lines. It should be prepared in close collaboration with statisticians and data-processing experts and the questions should be presented in a language easily accessible to the public to which they were addressed.

65. They also asked for research to be carried out among the out-of-school population as this would facilitate all-round prevention.

Linking research and prevention

66. They proposed that exhaustive study be made of the findings yielded by research, but that these data be put to immediate use in defining and guiding prevention strategy and activities. The results of the research should likewise be made available to the relevant target groups and decision-makers and should also be communicated to organizations engaged in preventive action elsewhere in Africa.

The launching and operation of prevention programmes

67. As a basis for effective action, three different levels of training were recommended:

initial training of all those destined to take part in the programme (educators, social workers, medical staff, etc.), by incorporating the relevant material into their study courses (teacher-training schools, etc.);

in-service training and refresher courses;

specialized training, provided, for example, by means of travel or study grants, for those working in the fields of statistics, data-processing, epidemiology, community education, the preparation of teaching materials and use of the media.

68. Action should be taken with a view to increasing awareness among families so that they might play their educational role in prevention to the full.

69. It was considered vital that those engaged in preventive action and all other interested persons should have appropriate documentation at their disposal and that it should be readily accessible and kept up to date (libraries, information centres). For practical activities, teaching materials and the means of producing audio-visual documentation were likewise necessary.

70. Contracts or some form of advantage (free medical aid, for example) should be provided in order to motivate those taking part in the prevention scheme and encourage them to remain in it.

71. The necessary resources should be sought by appealing for voluntary participation on the part of an informed public, by developing self-financing schemes, by involving governments and by securing international aid, more especially from the various United Nations bodies (UNFDAC, Unesco, etc.).

Co-ordination

72. The participants proposed that mechanisms be set up (or where they already existed, reinforced) for the co-ordination of the various activities concerning the problems of drugs. Pride of place should be given to preventive education and the responsible bodies in the sectors in charge of such programmes (education, health, social services, employment, youth and sport), should be strongly represented in these mechanisms, so that a proper balance would be struck between prevention, treatment and law enforcement.

Extending activities to other countries

73. It was unanimously agreed that activities undertaken in Ghana, Senegal and Benin should be extended, both by prolonging the duration of the experiments and by increasing their coverage.

74. It was also the wish of participants that other African countries that had undertaken preventive action and taken part in the meetings, courses and workshops organized by Unesco, should be asked to report on the progress of their work and to take part in an enlarged programme.

75. It was highly desirable that the results of the present seminar should be brought to the attention of all African nations.

Mechanisms for exchange and co-operation

76. The participants proposed that exchanges be carried out on a regular basis with regard to information, experiences, documentation and teaching material and to specialists in research and prevention. Neighbouring countries should, as of now, seek flexible arrangements, at a modest cost, for informal meetings.

77. Thought should be given to the possibility of organizing at regional level seminars, workshops and courses in the methodology of prevention.

78. Consideration should be given to instituting an African Day against drug abuse in addition to the International Day against Drug Abuse and Illicit Trafficking fixed by the United Nations (26 June).

79. A liaison and information bulletin dealing with the different prevention projects should be published at regular intervals and distributed in the various countries concerned.

80. Participants considered that the coherence and effectiveness of preventive action would be enhanced through South-South collaboration and exchanges.

LIST OF PARTICIPANTS

PARTICIPANTS

Professeur René Gualbert AHYI
Coordinateur du Projet AD/BEN/86/477 (Drogue)
Médecin Chef du Centre Psychiatrique de Cotonou
B.P. 031718
Cotonou, Benin

Ms Helen AMARTEY-QUARCOO
Educationist
C.R.D.D. (Education Service)
Box 2739
Accra, Ghana

Mme Nathalie BARBOSA
Secrétaire générale
Commission nationale béninoise pour l'Unesco
Directeur Projet Education en Matière de Population à l'école
B.P. 520
Porto Novo, Benin

Mme Aissatou BARRY née SOW
Coordinatrice du programme d'Education préventive en milieu scolaire
74 rue Alassane N'doye
Dakar, Senegal

M. Mbaye GAYE
Membre de l'équipe de pilotage
(Responsable extra-scolaire)
Projet Pikine
Ecole nationale des Assistants et Educateurs sociaux
B.P. 5057
Fann, Dakar, Senegal

M. Momar GUEYE
Professeur de Psychiatrie
Université de Dakar
B.P. 5165
Dakar, Senegal

Professor D.N.A. NORTEY
University Lecturer
P.O. Box 9455
Airport, Accra, Ghana

M. Louma SARR
Secrétaire général
Commission nationale sénégalaise pour l'Unesco
87 rue Carnot
Dakar, Senegal

Mr K.A. SENAH
Department of Sociology
University of Ghana
Legon, Accra, Ghana

OBSERVATEURS/OBSERVERS

Awa DIONGUE
Etudiante en année de thèse en pharmacie
Cité Claudel, Chambre 39B II
Fann, Dakar, Senegal

Mme Coura KANTE née DIEYE
Chef de Service Départemental
Département Jeunesse et Sports
C.D.E.P.S. de Pikine

M. Amad NDIAYE
Directeur du Centre de Sauvegarde de Pikine
Ministère de la Justice
B.P. 19033
Guediawaye
Dakar, Senegal

M. Ndiappe NDIAYE
Directeur
Collège Statistique
Ecole Nationale d'Economie Appliqué
B.P. 5084
Dakar, Senegal

Raky SALL
Responsable de la division des Sciences sociales et humaines
Commission nationale sénégalaise pour l'Unesco
87 rue Carnot x Bayeux
Dakar, Senegal

M. Cheikh THIAM
Chef de Service du Développement Social
Préfecture de Pikine
Dakar, Senegal

FNULAD/UNFDAC

M. Flavius ROVERSI
Programme Officer
UNFDAC/FNULAD
Vienna International Centre
P.O. Box 500
A-1400 Vienna, Austria

OMS/WHO

Dr Victor AGBESSI
Représentant de l'OMS
B.P. 4039
Dakar, Senegal

SECRETARIAT DE L'UNESCO/
UNESCO SECRETARIAT

Mme Madeleine BRIGAUD-ROBERT
Spécialiste du programme
Secteur de l'Education
Unesco
7 place de Fontenoy
75700 Paris

M. B.A. HAIDARA
Directeur
Unesco-BREDA
B.P. 3311
Dakar
Senegal

CONSULTANTS

Mme Nicole FRIDERICH
10 rue Cassini
75014 Paris
France

M. Claude MARECHAL
8 rue Godart Roger
51100 Epernay
France